

THRIFT SAVINGS PLAN ELECTION				
Section	DoDFMR Section	Incentive Pay	Bonuses	Special Pay
301	24	Hazardous Duty Incentive Pay		
301a(1)	2201	Hazardous Duty Incentive Pay for Flying		
301a	2202	Aviation Career Incentive Pay		
301b	20		Aviator Retention Bonus (Aviator Continuation Pay)	
301c	11	Submarine Duty		
301d	0508		Multiyear Retention Bonus (Medical)	
301e	0608		Multiyear Retention Bonus (Dental)	
				Variable Special Pay (Medical)
302(a)	0501			Additional Special Pay (Medical)
302(a)(4)	0503			Board Certified Pay (Medical)
302(a)(5)	0502			Incentive Special Pay (Medical)
302(b)	0504			Regular Special Pay (Optometrists)
302a(a)	070202			Retention Special Pay (Optometrists)
302a(b)	070203			Variable Special Pay (Dental)
				Additional Special Pay (Dental)
302b(a)(2)	0602			Reserve Dental Officers Special Pay
302b(a)(4)	0604			Board Certified Pay (Dental)
302b(h)	0606			Diplomate Pay for Psychologists
302b(a)(5)	0603			Board Certified Pay for Non-Physician Health Care Providers
302c(c)	0510			
302c(d)	0509			
302d	2101		Accession Bonus for Registered Nurses	
302e	2102			Incentive Special Pay for Nurse Anesthetists
302g	5803			Special Pay for Reserve Health Care Professionals in Critically Short Wartime Specialties
302(h)	0506			Special Pay for Reserve Medical Officers
302h	0601		Accession Bonus (Dental)	
302i	070102			Special Pay for Pharmacy Officers
302j	070101		Accession Bonus (Pharmacy)	
303(a)	070302			Special Pay for Veterinarians
303(b)	070303			Diplomate Pay for Veterinarians
304	11			Diving Duty
305	17			Hardship Duty Pay
305a(a)	1801			Career Sea Pay
305a	1802			Career Sea Pay Premium
306	13			Special Pay for Officers Holding Position of Unusual Responsibility and of Critical Nature

THRIFT SAVINGS PLAN ELECTION				
Section	DoDFMR Section	Incentive Pay	Bonuses	Special Pay
307	08			Special Duty Assignment Pay for Enlisted Members
307(d)	570401E			Special Duty Assignment Pay (Guard and Reserve)
308	0902		Reenlistment Bonus	
308a	0901		Enlistment Bonus	
308b	570402		Reenlistment Bonus (Selected Reserve)	
308c	570403		Enlistment Bonus (Selected Reserve)	
308d	580107			Designated Unit Pay
308e	570404		Reserve Affiliation Bonus	
308f	090107		Enlistment Bonus (Army)	
308g	5704		Enlistment Bonus (Ready Reserve)	
308h	5704		Bonus for Reenlistment, Enlistment, or Voluntary Extension (Ready Reserve)	
308i	570403B		Prior Service Enlistment Bonus	
310	10			Hostile Fire and Imminent Danger Pay
312	1202			Continuation Pay for Nuclear-Qualified Officers Extending Period of Active Service
312a	1201		Bonus for Nuclear-Trained and Qualified Enlisted Members	
312b	1201		Nuclear Career Accession Bonus	
312c	1203		Nuclear Career Annual Incentive Bonus	
314	14		Special Pay for Enlisted Members Extending Duty at Designated Locations Overseas (see note 1)	Special Pay for Enlisted Members Extending Duty at Designated Locations Overseas (see note 2)
315	16			Engineering and Scientific Career Continuation Pay
316	19			Foreign Language Proficiency Pay
317			Critical Acquisition Position Bonus	
318			Special Warfare Officer Retention Bonus	
319	12			Surface Warfare Officer Continuation Pay
320	22	Career Enlisted Flyer Pay		

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Section	DoDFMR Section	Incentive Pay	Bonuses	Special Pay
321				Judge Advocate Continuation Pay
322			Career Status Bonus	
323			Retention Bonus for Members Qualified in a Critical Military Skill	

Note 1: When paid an annually, not to exceed \$2,000.

Note 2: When paid monthly, not to exceed \$80 per month.



# THRIFT SAVINGS PLAN ELECTION FORM

TSP-U-1

Use this form to start your contributions to the Thrift Savings Plan (TSP), to change the amount of your contributions, or to stop your contributions.

Before completing this form, please read the *Summary of the Thrift Savings Plan for the Uniformed Services* and the instructions on the back of this form. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP (see instructions).** Your service will return a copy to you after completing Section V.

**Note:** To allocate your contributions among the five investment funds, see the instructions in the General Information section on the back of this form.

## I. INFORMATION ABOUT YOU

1. \_\_\_\_\_  
Name (Last) (First) (Middle)

2. \_\_\_\_\_  
Mailing Address (may be APO or FPO) City State Zip Code

3. \_\_\_\_\_  
Social Security Number

4. (\_\_\_\_\_) \_\_\_\_\_  
Telephone (Area Code and Number)

5. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth (mm/dd/yyyy)

6. \_\_\_\_\_  
Office Identification (Service and Organization)

## II. START OR CHANGE YOUR CONTRIBUTIONS (Use whole percent- ages only.)

To start or change the amount of your contributions, enter in Item 7 the percentage of your basic pay per pay period that you want to contribute.

7. \_\_\_\_\_ .0% **Basic Pay**

If you contribute from basic pay, you may also contribute from incentive pay, special pay (except bonus pay), or bonus pay. If you elect to contribute from any of these types of pay, your election will take effect whenever you become entitled to this pay.

8. \_\_\_\_\_ .0% **Incentive Pay**

9. \_\_\_\_\_ .0% **Special Pay (except bonus pay)**

10. \_\_\_\_\_ .0% **Bonus Pay**

## III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 11 and complete Section IV. If you want to stop only your contributions from incentive pay, special pay (except bonus pay), or bonus pay, check Items 12, 13, or 14, as appropriate, and complete Section IV. Your contributions will stop no later than the first full pay period after your service receives this form.

11. ☐ Stop my contributions from **basic pay**. I understand that this will cause my contributions from all other types of pay to stop also.
12. ☐ Stop my contributions from **incentive pay**.
13. ☐ Stop my contributions from **special pay (except bonus pay)**.
14. ☐ Stop my contributions from **bonus pay**.

## IV. SIGNATURE

15. \_\_\_\_\_  
Service Member's Signature

16. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Signed (mm/dd/yyyy)

## V. FOR SERVICE USE ONLY

17. \_\_\_\_\_  
Payroll Office Number

18. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Effective Date (mm/dd/yyyy)

19. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date member will become eligible to resume contributions (mm/dd/yyyy) (if member completed Section III).

20. \_\_\_\_\_  
Signature of Service Official

21. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Receipt Date (mm/dd/yyyy)

**PRIVACY ACT NOTICE.** We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to process your TSP election. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil or criminal law,

or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER  
Provide a copy to the member and to the Payroll/Finance Office.

Form TSP-U-1 (10/2001)